



## LOS ANGELES COUNTY

WIA Adult, Dislocated Worker, Summer Youth and Rapid Response Programs

### ADMINISTRATIVE NOTICE

**Number: WIAADM N-10-02**

**Subject: Revised Reimbursement  
Payment Methodology**

**Date: May 26, 2010**

**Effective Date: July 1, 2010**

#### **PURPOSE**

This Administrative Notice outlines the revisions to the reimbursement payment methodology, currently utilized by Community and Senior Services' (CSS) contractors. The policy has been refined and revised to ensure reimbursements are processed on shorter, expedited timelines, and on a need basis, to fund cash expenditures.

#### **SCOPE**

This Administrative Notice applies to all CSS contractors, in receipt of Workforce Investment Act (WIA), WIA American Recovery and Reinvestment Act (ARRA), and any funding associated with the Wagner-Peyser programs, Special Grants or funds provided for a National Emergency Grant (NEG), who choose to utilize the revised reimbursement payment methodology.

Provisions of this Administrative Notice also apply to sub-contractors who make cash requests for activities that fall under the scope of this Administrative Notice. Contractors and their sub-contractors are required to comply with all DOL, EDD and CSS reimbursement and reporting requirements.

#### **REVISIONS**

Contractors who choose to utilize the reimbursement payment methodology to fund expenditures will now be able to request **multiple reimbursements per month**, on a need basis. Reimbursements will be limited to the total amount of cash expenditures per program.

The County of Los Angeles – Community and Senior Services Workforce Investment Act Invoices (**Exhibit A**) will not be utilized anymore. Contractors will be **required to utilize the following forms** to request funds through the reimbursement payment methodology:

1. **Cash Request Forms (Exhibit C)** will be utilized to request funds for the reimbursement of cash expenditures.
2. **Reporting Forms (Exhibits D – F)** will be utilized to report expenditures for each grant using the EDD reporting formats.

3. **Detailed Expenditure Reports (Exhibit G)** will be utilized to provide line-item details, itemizing how funds are spent by cost category (i.e., salaries, rent, etc.).

The *Cash Request Form* will be used to expedite and approve reimbursements. The *Detailed Expenditure Form* will be reviewed by the Contracts Management Division (CMD) to ensure costs are allowable. The *Reporting Form* will be reviewed and utilized by the Financial Management Division (FMD) for Federal and State reporting.

### **REIMBURSEMENT PROCEDURES**

All three (3) forms must be submitted, simultaneously, via e-mail to the applicable mailbox. Only total cash expenditures, within the contract amount, will be reimbursed. In the event that a contractor fails to submit all three (3) of the required forms then cash requests for that program will not be processed until all necessary forms are received. If a cash request is rejected, FMD will notify the agency and the Contracts Management Division (CMD) within 24 hours to seek corrective action.

### **Cash Request Forms (CASH)**

Contractors must utilize the *Cash Request Form (Exhibit C)* to request funds for the reimbursement of cash expenditures. The form must contain all appropriate signatures and indicate the amount of funds requested for reimbursement, by program (i.e. WIA Adult, WIA Youth, etc.). Separate forms must be completed and submitted for each program.

*Cash Request Forms* must be printed, completed and scanned (front and back) into a single, Adobe Acrobat document (PDF format). This PDF document must then be submitted to CSS electronically, via email.

At minimum, one (1) cash request form must be completed and submitted, per month, for each program. Contractors must e-mail the cash request form to the Financial Management Division (FMD) at [FMDFinancialReports@css.lacounty.gov](mailto:FMDFinancialReports@css.lacounty.gov).

When submitting *Cash Request Forms*, the following titling guidelines must be utilized to title the **PDF documents of the scanned Cash Request Forms** and the **subject lines of the e-mails sent to submit the forms**:

### **Agency-Program-CASH-Request Number**

Abbreviations may also be utilized to ensure that filenames or subject lines are within reasonable limits. For example, if FMD would like to submit a cash request for the WIA Adult and Dislocated Worker program and it is the third time this year FMD is requesting cash then the titling of the scanned document and e-mail subject line would be as follows:

**FMD-WIA ADW-CASH-Request 3**

Titling guidelines must be followed to ensure quick processing and appropriate tracking of submitted documents, while maintaining high-levels of organization.

Upon receipt, FMD will review the *Cash Request Form* to ensure total year-to-date (YTD) costs do not exceed the contract amount and that the total amount of cash expenditures matches the total requested reimbursement amount. Upon approval of the request, FMD will electronically deposit funds into the contractor's designated banking account or issue a written check. If a cash request is rejected, FMD will notify the agency and CMD within 24 hours to seek corrective action.

### **Reporting Forms (RFs)**

- WIA Adult/Dislocated Worker Reporting Form (**Exhibit D**). This report includes NEG 15%, Statewide Activities; 25% Additional Assistance; and Special Grants.
- Rapid Response Reporting Form (**Exhibit E**).
- WIA Youth Reporting Form (**Exhibit F**).

*Reporting Forms* must be submitted with the corresponding *Cash Request Form*. *Reporting Forms* must also be printed, completed and scanned (front and back) into a single, Adobe Acrobat document (PDF format). This PDF document must then be submitted to CSS electronically, via email. Contractors must e-mail all *Reporting Forms*, to FMD at [FMDFinancialReports@css.lacounty.gov](mailto:FMDFinancialReports@css.lacounty.gov). The corresponding *Cash Request Form* must also be included with this e-mail.

When submitting *Reporting Forms*, the following titling guidelines must be utilized to title the **PDF documents of the scanned Reporting Forms** and the **subject lines of the e-mails sent to submit the forms**:

### **Agency-Program-RF-Request Number(s)**

Abbreviations may also be utilized to ensure that filenames or subject lines are within reasonable limits. For example, if FMD would like to submit a *Reporting Form* for the WIA Adult and Dislocated Worker program and the report encompasses expenditures funded through cash request number 3 then the titling of the scanned document and e-mail subject line would be as follows:

### **FMD-WIA ADW-RF-Request 3**

Titling guidelines must be followed to ensure quick processing and appropriate tracking of submitted documents, while maintaining high-levels of organization.

In addition, monthly reporting forms must also be submitted by 5:00 p.m. on the 10<sup>th</sup> of the month, following the month in which expenditures occurred. For example, the monthly *Reporting Forms*, which include all costs incurred within February 2010, are submitted by 5:00 p.m. on March 10, 2010.

Monthly reporting form submissions will be utilized to track all expenditures incurred within the monthly reporting period. In the event that the *Reporting Form* is not submitted, by the due date, for a specific program then all future cash requests for that program will not be processed until the corresponding form is received.

When the 10<sup>th</sup> falls on a Saturday, *Reporting Forms* are due the day prior, on Friday. Contractors must submit their reports on Monday if the 10<sup>th</sup> falls on a Sunday. It is imperative that contractors adhere to the reporting schedule contained herein to ensure conformance with EDD reporting deadlines.

### **Detailed Expenditure Reports (DERs)**

*Detailed Expenditure Reports (Exhibit G)*, which itemize how funds are spent by cost category (i.e., salaries, rent etc.) must also be submitted, simultaneously, when the corresponding cash request and reporting forms are submitted. In addition, monthly *Detailed Expenditure Reports* must also be submitted by 5:00 p.m. on the 10<sup>th</sup> of the month, following the month in which costs were incurred.

Monthly detailed expenditure report submissions will be utilized to track all line-item expenditures incurred within the monthly reporting period. In the event that the *Detailed Expenditure Report* is not submitted, by the due date, for a specific program then all future cash requests for that program will not be processed until the corresponding form is received.

When the 10<sup>th</sup> falls on a Saturday, *Detailed Expenditure Reports* are due the day prior, on Friday. Contractors must submit their reports on Monday if the 10<sup>th</sup> falls on a Sunday. It is imperative that contractors adhere to the reporting schedule contained herein to ensure conformance with EDD reporting deadlines.

*Detailed Expenditure Reports* must also be printed, completed and scanned (front and back) into a single, Adobe Acrobat document (PDF format). This PDF document must then be submitted to CSS electronically, via email. Contractors must e-mail all *Detailed Expenditure Reports* to CMD at [WIAinvoice@css.lacounty.gov](mailto:WIAinvoice@css.lacounty.gov).

When submitting *Detailed Expenditure Reports*, the following titling guidelines must be utilized to title the **PDF documents of the scanned *Detailed Expenditure Reports*** and the **subject lines of the e-mails sent to submit the forms**:

#### **Agency-Program-DER-Request Number(s)**

Abbreviations may also be utilized to ensure that filenames or subject lines are within reasonable limits. For example, if FMD would like to submit a *Detailed Expenditure Report* for the WIA Adult and Dislocated Worker program and the report encompasses expenditures funded through cash request number 3 then the titling of the scanned document and e-mail subject line would be as follows:

**FMD-WIA ADW-DER-Requests 3**

Titling guidelines must be followed to ensure quick processing and appropriate tracking of submitted documents, while maintaining high-levels of organization.

**LINE-ITEMS EXCEEDING 20% OF ALLOCATION**

In the instance that any movement of funds within an approved line-item exceeds twenty percent (20%) of the amount allocated to the line-item then such modification must be in writing and mutually agreed upon by the CMD pursuant to the WIA Contract, Part II: Standard Terms and Conditions, Contract Modification Section.

Contractors must provide CMD with a copy of the modified budget. In the event that a contractor fails to submit the budget modification, in a timely manner, then all future cash requests for that program will not be processed until the corresponding budget modification is received.

**AUTHORIZED PERSONNEL**

A signed and dated *Information Request Form (Exhibit B)* must be maintained on file at all times of persons authorized to make cash requests. The Financial Officer shall approve all cash requests prior to submission to the FMD. Additionally, the form will identify persons authorized to respond to cash request inquiries. Copies of all Information Request Forms must be retained on file for three (3) years.

Contractors are responsible for notifying FMD when changes occur to the persons authorized to make and approve cash requests. An updated Information Request Form must be submitted to FMD within three (3) business days of authorized personnel changes. Contractors must also submit up-to-date Information Request Forms, annually, at their contract signings.

**REQUIRED DOCUMENTATION**

Contractors must also ascertain that all required documentation, as defined within their contractual agreements, are current and on file. The following documents are required:

1. List of Staff Persons Authorized to Sign Contract Documents
2. Articles of Incorporation and updates
3. By-laws (new agencies) and updates
4. Business License
5. IRS Taxpayer Identification Number
6. Cost Allocation Plan
7. Conflict of Interest

**Certifications:**

1. Lobbying
2. Vendor's EEO Certification

3. Debarment, Suspension and Other Responsibility Matters
4. Jury Service Certification
5. Safety Surrendered Baby Law
6. Child Support Compliance
7. Gain/Grow Certification
8. Drug – Free Workplace Certification
9. Living Wage Program

Insurance documents and endorsements:

*(All contracted programs must be listed on certificates)*

1. General Liability Certificate (\$1 million per occurrence, \$2 million aggregate per occurrence)
2. Automotive Liability Certificate (\$1 million per occurrence)
3. Crime Coverage (\$50,000 per occurrence)
4. Workers' Compensation Insurance (\$1 million accident and disease)
5. Individual Loss Payee Policy Endorsement Page (if applicable)
6. Additional Insured Policy Endorsement Page
7. Professional Liability Certificate (\$1 million per occurrence, \$2 million aggregate per occurrence) (if applicable)
8. Property Insurance Certificate (if applicable)
9. Verification of Self-Insured (if applicable)

In the event that the required documentation is not current or on file, contractors will have 45 days to address any issues of non-compliance. If the agency does not resolve this instance of non-compliance, within the 45 day period, then all future cash requests will not be processed until all required documentation is current and on file.

**RECONCILIATIONS**

FMD will review and reconcile financial expenditure reports to cash requests, upon receipt, to determine: compliance with contract line-item budgets and compliance with DOL, EDD and CSS reimbursement requirements. FMD will immediately investigate any instances of noncompliance.

The Auditor-Controller will conduct annual reviews to determine if, on a sample basis, expenditures are adequately supported and are in compliance with applicable program requirements. The Auditor-Controller will also review, on a sample basis, contractor conformance with DOL, EDD and CSS reimbursement requirements.

If you have any questions regarding this Administrative Notice, please contact Edward Mokhtarian via e-mail, [eMokhtarian@css.lacounty.gov](mailto:eMokhtarian@css.lacounty.gov).

**REFERENCES**

- DOL One-Stop Operator Financial Management Technical Assistance Guide
- 29 Code of Federal Regulations (CFR) Part 97.20(b) and 97.21(b)(c)(d)
- U.S. Office of Management and Budget (OMB) Circulars A-87 and A-133



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**Rogelio Tapia, Director**  
**Financial Management Division**

**COUNTY OF LOS ANGELES-COMMUNITY AND SENIOR SERVICES  
WORKFORCE INVESTMENT ACT  
INVOICE**

Agency:			<b>CSS STAFF USE ONLY</b>			
Address:			CMD Review:		Date:	Approval:
City:                      State:                      Zip:			Fiscal Review:		Date:	Approval                      Date:
Program:		Contract No.:	Amount Paid:		Encumbrance No.:	
Request Period:		Request No.:	Note:			

**TOTALS**

		TOTAL
A	Current Budget	\$
B	Cash Received/invoiced	\$
C	Cash Disbursed	\$
D	Cash Balance	\$
E	Cash Requested	\$
A-C	Balance	\$

**ACCRUALS**

QT 1	QT 2	QT 3	QT 4	Closeout

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

Prepared By: _____	Date: _____
Printed Name/Title: _____	Phone: _____
Authorized Signature: _____	Date: _____
Printed Name/Title: _____	Phone: _____

Agency Name: \_\_\_\_\_  
Program: \_\_\_\_\_  
Contact No: \_\_\_\_\_  
Prepared By: \_\_\_\_\_

Contract No: \_\_\_\_\_  
Request Period \_\_\_\_\_  
Fiscal Year: \_\_\_\_\_

Charges		Budget A	In-School 50% B	Out-of-School 50% C	Summer Youth 20% D	Current Month (E) B+C	Prior Months (F)	YTD Expenditure (G) E+F	Available Balance (H) A-G
Line Item Budget	Personnel- Costs								
Staff Salaries & Wages									
Staff Fringe Benefits									
Sub-Total Personnel Costs									
Non- Personnel Costs									
Facility (Rent)									
Utilities (Telephone, Gas, Water, Electricity)									
Janitorial Services									
Maintenance & Repairs									
Monitoring									
Computer Hardware/Software Purchase									
Office Equipment									
Training Materials									
Consumable Supplies									
Advertisement									
Print/Reproduction									
Professional Services									
Consultant									
Audit									
Travel									
Meeting/ Conference									
Insurance									
a) Liability Automobile									
b) Building									
Staff Training/Workshop/TA									
Other									
Sub-Total Non-Personnel Costs									

Agency Name \_\_\_\_\_  
Program: \_\_\_\_\_  
Contact No: \_\_\_\_\_  
Prepared By: \_\_\_\_\_

Contract No: \_\_\_\_\_  
Request Period \_\_\_\_\_  
Fiscal Year: \_\_\_\_\_

Charges	Budget		In-School 50% B	Out-of-School 50% C	Summer Youth 20% D	Current Month (E) B+C	Prior Months F	YTD Expenditure (G) E+F	Available Balance (H) A-G
Line Item Budget	A								
Participant Costs									
Participant Wages/Work Experience									
Participant Fringe Benefits									
OJT Employer Reimbursement									
Tuition Payments/Vouchers									
Vocational Exploration									
Limited Internships									
Incentive									
Bonus Payments									
Child Care									
Transportation									
Housing Costs									
Uniforms/ Work Related Tool Costs									
Other Supportive Services (Specify)									
Sub-Total Participant Cost									
Subcontractors Costs									
Sub-Total Subcontractors Costs									
Indirect Cost									
Sub-Total Indirect Cost									
GRAND TOTAL									

		In-School 50% B	Out-of-School 50% C	Summer Youth 20% D	TOTAL (B+C)				
Current Budget									
Current Period Expense									
Prior Period Expense									
Total Expenditure									
Cash Request									
Available Balance									

<b>QUARTERLY ACCRUALS</b>									
1st Quarter Accruals (Jul-Sep)									
2nd Quarter Accruals (Oct-Dec)									
3rd Quarter Accruals (Jan-Mar)									
4th Quarter Accruals (Apr-June)									

**LOS ANGELES COUNTY COMMUNITY AND SENIOR SERVICES  
INFORMATION REQUEST FORM**

This form designates personnel within the organization identified below that are authorized to make cash requests and respond to related inquiries for **WORKFORCE INVESTMENT ACT (WIA)**, **WIA AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)** and any funds associated with the **WAGNER-PEYSER PROGRAM**, **SPECIAL GRANTS** or funds provided for a **NATIONAL EMERGENCY GRANT**.

SUB-GRANT RECIPIENT (ENTITY NAME):	
SUB-GRANT RECIPIENT ADDRESS:	

**1. List the person(s) authorized to make cash requests ONLY.**

NAME	SIGNATURE	PHONE	E-MAIL
NAME	SIGNATURE	PHONE	E-MAIL

**2. The entity's Financial Officer must approve all cash requests. List the Financial Officer authorized to approve all cash requests.**

FISCAL OFFICER NAME	SIGNATURE	PHONE	E-MAIL

**3. List the personnel contact who can answer questions regarding the cash requests.**

NAME	SIGNATURE	PHONE	E-MAIL
NAME	SIGNATURE	PHONE	E-MAIL

The Director or his/her authorized representative shall certify that the person(s) listed above are authorized to request cash, approve cash requests and respond to cash request inquiries.

DIRECTOR (OR AUTHORIZED REPRESENTATIVE SIGNATURE)			
PRINT FIRST AND LAST NAME:			
DATE:			

Please submit the original **Information Request Form** to Community and Senior Services – Financial Management Division, 3175 W. 6th Street, Room 205, Los Angeles, CA 90020, to the attention of Expenditure Management Section. Contractors must retain copies of all Information Request Forms on file for three (3) years. Contractors must submit up-to-date Information Request Forms, annually, at their contract signings. Contractors must also submit an updated Information Request Form anytime the information submitted above changes.

# **COUNTY OF LOS ANGELES COMMUNITY AND SENIOR SERVICES CASH REQUEST FORM**

Contractors may submit cash requests to Community and Senior Services Financial Management Division electronically via e-mail at [FMDFinancialReports@css.lacounty.gov](mailto:FMDFinancialReports@css.lacounty.gov). **Separate forms must be completed and submitted for each program (i.e. WIA Adult). If the program title is not listed, please fill it in on the empty space provided.**

AGENCY:					
CONTRACT NUMBER:		FISCAL YEAR:			
DATE OF REQUEST:		REQUEST NUMBER:			
REPORT PERIOD:		CASH MANAGEMENT <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/>			
		(A)	(B)	(A+B)	
PROGRAM TITLE (COMPLETE FOR ONLY ONE PROGRAM)	BUDGET ALLOCATION	PRIOR YTD CASH REQUEST	CURRENT CASH REQUEST*	TOTAL YTD CASH REQUESTED	TOTAL YTD CASH DISBURSED
WIA ADULT	\$	\$	\$	\$	\$
WIA DISLOCATED WORKER	\$	\$	\$	\$	\$
WIA YOUTH	\$	\$	\$	\$	\$
RAPID RESPONSE	\$	\$	\$	\$	\$
ARRA ADULT	\$	\$	\$	\$	\$
ARRA DISLOCATED WORKER	\$	\$	\$	\$	\$
ARRA YOUTH	\$	\$	\$	\$	\$
ARRA SUMMER YOUTH	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**\* Cash requests for needs beyond four (4) business days are not allowed. Upon receipt of funds, full disbursement must be made within three (3) business days. All excess cash must be returned to or recouped by CSS IMMEDIATELY after this period. Minimally, one (1) Cash Request Form must be submitted each month.**

In accordance with the fiscal provisions outlined in the contract, this request for cash is provided for the amounts indicated above. We understand that all information on this form must be complete and that CSS Financial Management Division must receive the cash request with all necessary approvals. I hereby certify that I am a duly appointed representative of the above named subgrant recipient and that, to the best of my knowledge, the above request represents our best estimate, is in accordance with the current provisions, and does not violate Federal and State policy of not maintaining more cash than is necessary to meet our immediate needs at anytime.

<b>Authorized Contractor Representatives:</b>				
<b>Print First and Last Name</b>	<b>Signature</b>	<b>Date</b>	<b>E-mail</b>	<b>Phone</b>
<b>Name (Financial Officer)</b>	<b>Signature (Financial Officer)</b>	<b>Date</b>	<b>E-mail</b>	<b>Phone</b>

<b>CSS STAFF USE ONLY</b>			
<b>FMD Review:</b>	<b>Date:</b>	<b>FMD Approval:</b>	<b>Date:</b>
<b>Amt. Paid:</b>	<b>Encumbrance #:</b>		

**COUNTY OF LOS ANGELES – COMMUNITY AND SENIOR SERVICES (CSS)  
CASH REQUEST INSTRUCTIONS**

***Complete and submit a separate form for each program. Cash requests for needs beyond four (4) business days are not allowed. Upon receipt of funds, full disbursement must be made within three (3) business days. All excess cash must be returned to or recouped by CSS IMMEDIATELY after this period. Minimally, one (1) Cash Request Form must be submitted each month.***

1. Agency: Enter the full name of your agency.
2. Contract Number: Enter the contract number for the WIA program for which cash has been requested.
3. Fiscal Year: Enter the fiscal year of the contract.
4. Date of Request: Enter the date on which the cash request is submitted.
5. Request Number: Enter the appropriate request number (in sequential order) for the program for which cash has been requested.
6. Report Period: Enter the monthly report period for which cash has been requested.
7. Payment Methodology: Select the current payment methodology utilized.
8. Program Title: *A separate cash request form must be completed for each program.* If the program title is not listed, please fill in the appropriate program information in the empty space provided on the bottom row.
9. Budget Allocation: Enter the total amount of the grant award.
10. Prior YTD Cash Request: Enter the total amount of cash requested year-to-date, prior to this request, whether it has been received or not.
11. Current Cash Request: Enter the amount of cash currently being requested. Only include cash needed for expenditures to occur within the next four (4) business days.
12. Total YTD Cash Requested: Enter the total year-to-date cash requested, including prior cash requested and the current cash request.
13. Total YTD Cash Disbursed: Enter the amount of cash disbursed, year-to-date. Include checks, wires, and cash issued.
14. Authorized Contractor Representatives: Print a copy for authorized representatives to complete. Representative's full printed name, signature, date, e-mail address and phone number must also be completed.
15. **Once the cash request form has been printed and completed, it must be scanned (front and back) into a single Adobe Acrobat document (PDF format) and e-mailed to the following e-mail address: [FMDFinancialReports@css.lacounty.gov](mailto:FMDFinancialReports@css.lacounty.gov).**

**You may direct any questions regarding cash requests to the Financial Management Division – Expenditure Management Section by sending an e-mail to [FMDFinancialReports@css.lacounty.gov](mailto:FMDFinancialReports@css.lacounty.gov).**

**Adult/Dislocated Worker (ADW) Reporting Form (RF)**

(includes NEG,15% Statewide Activities,25% Additional Assistance, Special Grants)

<b>I. Contractor Information</b>				
1. Agency				
2. Contract Number				
3. Contract Term (FY)				
4. Program				
5. Contract Amount				
6. Report Period				
7. Submission Date				
8. Corresponding Request Number(s)				
9. Closeout Report (Y/N)				
<b>II. Administrative Expenditures (RSA/MOU)</b>				
1. Administrative Cash Expenditures				
2. Administrative Accrued Expenditures				
3. <b>TOTAL ADMINISTRATIVE EXPENDITURES</b>				
<b>III. Cumulative Expenditures (Program)</b>	<b>CSS USE</b>	<b>Cash Expenditures</b>	<b>Accrued Expenditures</b>	<b>Total Expenditures</b>
1. Administrative Costs	WF01			
2. Core A (Self Services)	WF02			
3. Core B (Reg Services)	WF03			
4. Intensive Services	WF04			
5. Training Services				
a. Training Payments	WF13			
b. Other Training Services	WF29			
6. Other				
7. <b>TOTAL PROGRAM EXPENDITURES</b>				
<b>IV. TOTAL EXPENDITURES (ADMIN + PROGRAM)</b>				
<b>V. Other Items - Admin (not included in expenditures)</b>				
1. Non-Fed Supp (Stand-in Costs)				
2. Unliquidated Obligations				
3. Program Income Earned				
4. Program Income Expended				
<b>VI. Other Items - Program (not included in expenditures)</b>				
1. Non-Fed Supp (Stand-in Costs)				
2. Unliquidated Obligations				
3. Program Income Earned				
4. Program Income Expended				

Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Please submit to CSS via email to [FMDFinancialReports@css.lacounty.gov](mailto:FMDFinancialReports@css.lacounty.gov).

**Adult/Dislocated Worker (ADW) Reporting Form (RF)**

(includes NEG,15% Statewide Activities,25% Additional Assistance, Special Grants)

<b>VII. Miscellaneous Items (Admin and/or Program)</b>							
1. Cash Match							
2. In-Kind Contributions							
<b>VIII. Total NEG Expenditures: Project Operator Level</b>							
1. Participant Wages							
2. Participant Fringe Benefits							
3. Core and Intensive Services							
4. NEG - Funded Training							
5. NEG - Funded Supportive Services							
6. Needs Related Payments (NRP)							
7. Other	CSS USE						
<b>8. TOTAL NEG PROGRAM EXPENDITURES</b>	WF09						
9. Program Management and Oversight							
a. Administrative, excl NRP Processing							
b. Other							
<b>10. TOTAL NEG ADMINISTRATIVE EXPENDITURES</b>	WF01						
<b>11. TOTAL NEG EXPENDITURES (Program and Administrative)</b>							
<b>IX. Comments</b>							
<b>X. Certification</b>							
<p>I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.</p>							
<table border="1"> <tr> <td>1. Name</td> </tr> <tr> <td>2. Signature (Director or Authorized Representative)</td> </tr> <tr> <td>3. Date</td> </tr> <tr> <td>4. Phone Number</td> </tr> <tr> <td>5. E-mail</td> </tr> </table>			1. Name	2. Signature (Director or Authorized Representative)	3. Date	4. Phone Number	5. E-mail
1. Name							
2. Signature (Director or Authorized Representative)							
3. Date							
4. Phone Number							
5. E-mail							
<b>CSS STAFF USE ONLY</b>							
FMD Staff Review:	Date:	FMD Supervisor Review:      Date:					
Applicable Request Number(s):		Encumbrance #:					

Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Please submit to CSS via email to [FMDFinancialReports@css.lacounty.gov](mailto:FMDFinancialReports@css.lacounty.gov).

## **ADULT AND DISLOCATED WORKER (ADW) REPORTING FORM (RF) COMPLETION INSTRUCTIONS**

Use the following line item instructions to report expenditure information for Workforce Investment Act (WIA) formula funds, 15 Percent Statewide Activities, 25 Percent Additional Assistance, National Emergency Grant (NEG), and Special Grants. Additional fields are included to capture other specific information where required by the State Employment Development Department (EDD) format. **All reported figures should represent year-to-date (YTD) expenditures, unless otherwise stated. Reporting is not necessary for any gray-filled cells; gray-filled cells can be disregarded. Any field (i.e. Administrative Cash Expenditures did not apply to the program) which is not utilized or applicable can be left blank and does not need to be reported.**

### **Section I – Contractor Information**

1. Agency Name: Enter the full name of your agency.
2. Contract Number: Enter the contract number for the program.
3. Contract Term (FY): Enter the fiscal year of the contract.
4. Program Name: Enter the program name. Service providers should distinguish between Formula and American Recovery and Reinvestment Act (ARRA) funds when identifying the program.
5. Contract Amount: Enter the total amount of the grant award.
6. Report Period: Enter the monthly report period for which the reporting form is submitted.
7. Submission Date: Enter the date on which the reporting form is submitted.
8. Corresponding Request Number(s): Enter the request numbers covered within the report period that the reporting form is submitted.
9. Closeout Report (Y/N): Leave blank unless the form is the final form being submitted to closeout a program.

### **Section II – Administrative Expenditures (RSA/MOU) – Note: this section does not cover program administrative costs; only the costs associated to the \$23,500 allocated for the development and maintenance of the RSA/MOU.**

1. Administrative Cash Expenditures: Enter the amount of administrative cash expenditures for the program in the reporting period.
2. Administrative Accrued Expenditures: Enter the amount of administrative accrued expenditures for the program in the reporting period.
3. Total Administrative Expenditures: Add the administrative cash and accrued expenditures then enter the total amount.

**ADULT AND DISLOCATED WORKER (ADW) REPORTING FORM (RF)  
COMPLETION INSTRUCTIONS**

**Section III – Cumulative Expenditures (Program)**

1. Administrative Costs: Enter the total amount of program administrative cost expenditures from the beginning of the contract term through the end of the report period.
2. Core A (Self Services): Enter the total amount of Core A (Self Services) expenditures from the beginning of the contract term through the end of the report period.
3. Core B (Reg Services): Enter the total amount of Core B (Reg Services) expenditures from the beginning of the contract term through the end of the report period.
4. Intensive Services: Enter the total amount of Intensive Services expenditures from the beginning of the contract term through the end of the report period.
5. Training Services: Enter the total amount of Training Services expenditures, separated by Training Payments and Other Training Services, from the beginning of the contract term through the end of the report period.

- a. Line 4a. This line captures the total amount of Training Payments from the beginning of contract term through the end of the report period.

This category represents the price paid for tuition or instruction. These payments of funds are for participants to attend LWIA approved classroom instruction or other training opportunities. Training payments include the use of ITAs for eligible training provider list approved programs. Training payments can also include payments for contracted services for customized training and on-the-job training.

- b. Line 4b. Enter the total amount of Other Training Services from the beginning of the contract term through the end of the report period.

This category includes any training services not identified as a training payment. Examples are in-house staff providing training (where a certificate is not issued), training materials, and supportive services that enable a participant to attend training.

6. Other: Enter the total amount of any other allowable program expenditures, other than the categories listed above.
7. Total Program Expenditures: Add the total amounts from Administrative Costs, Core A, Core B, Intensive Services, Training Services and Other. Enter the sum of the total amounts of these categories as the Total Program Expenditures.

**Section IV – Total Expenditures (Administrative and Program)**

Enter the sum of the total Administrative and Program Expenditures from the beginning of the contract term through the end of the report period.

**ADULT AND DISLOCATED WORKER (ADW) REPORTING FORM (RF)  
COMPLETION INSTRUCTIONS**

**Section V – Other Items – Admin (not included in expenditures)**

1. Non-Fed Supp (Stand-in Costs): Enter the total amount of non-Federal support (Stand-In Costs), if any.

This category covers costs for the program paid for with non-federal costs resulting from an audit. These costs must come from the same year as the costs that they are proposed to replace and they must not cause a violation of the administrative or other cost limitations. These costs must also be included in the appropriate expenditure reports if they will be used at a later time.

2. Unliquidated Obligations: Enter unliquidated obligations, if any.

This category represents the dollar amount of formal orders placed through purchase orders, contract delegation orders or contracts and subgrants awarded that are to be paid at a future date. Unliquidated obligations are the amount of obligations committed to by the subgrantee for which the goods or services have not been received within the report period and for which an outlay (cash) or an accrued expenditure has not been recorded.

3. Program Income Earned: Enter any program income earned, if applicable.
4. Program Income Expended: Enter any program income expended, if applicable.

**Section VI – Other Items – Program (not included in expenditures)**

1. Non-Fed Supp (Stand-in Costs): Enter the total amount of non-Federal support (Stand-In), if any.
2. Unliquidated Obligations: Enter the total amount of unliquidated obligations for core/intensive services, training services, and any other unliquidated obligations.
3. Program Income Earned: Enter any program income earned, if applicable.
4. Program Income Expended: Enter any program income expended, if applicable.

**Section VII – Miscellaneous Items (Administrative and/or Program)**

1. Cash Match: Enter the amount of cash match expended.

For all subgrant awards effective on or after January 1, 2006, cash match is a reportable item when it is a requirement for receipt of a grant. Cash match may be required in certain Solicitation for Proposals (SFP) that EDD issues and is documented by a project specific letter of commitment from the donor. It is a non-WIA contribution of funds made available to the subgrantee, to be used specifically for project activities. The awarded subgrantee has control over and disburses these funds. Examples include: non-WIA money received from employers, foundations, private entities, local governments, etc.

**ADULT AND DISLOCATED WORKER (ADW) REPORTING FORM (RF)  
COMPLETION INSTRUCTIONS**

2. In-Kind Contributions: Enter the amount of In-Kind contributions provided.

For all subgrant awards effective on or after January 1, 2006, In-kind contributions are reportable items when it is a requirement for receipt of a grant. In-kind contributions may be required in certain SFPs that EDD issues. These contributions of non-cash resources are to be used specifically for project activities. Examples include donated personnel, services, or use of equipment or space.

**Section VIII – Total NEG Expenditures: Project Operator Level**

1. Participant Wages: Enter the total amount of expenditures for participant wages from the beginning of the contract term through the end of the report period.
2. Participant Fringe Benefits: Enter the total amount of expenditures for participant fringe benefits from the beginning of the contract term through the end of the report period.
3. Core and Intensive Services: Enter the combined total amount of core and intensive service expenditures from the beginning of the contract term through the end of the report period.
4. NEG – Funded Training: Enter the total amount of training expenditures funded with NEG funds from the beginning of the contract term through the end of the report period.
5. NEG – Funded Supportive Services: Enter the total amount of supportive service expenditures funded with NEG funds from the beginning of the subgrant term through the end of the report period.

Supportive services, provided directly or through cash assistance that enable an individual to participate in the WIA program. This category may only be provided to individuals who are participating in core, intensive or training services and unable to obtain supportive services through other programs providing such services. Supportive services may only be provided when they are necessary to enable individuals to participate in Title I activities. Supportive service costs must be reported in the cost category where the expense was incurred. For example: supportive services given during the core registration phase will be reported on Section V Line 2 "Core Reg Services" of the report.

6. Needs Related Payments (NRP): Enter the total amount of needs-related payment expenditures from the beginning of the subgrant term through the end of the report period.

As described in Title 20 CFR 663.815, needs-related payments provide financial assistance to participants for the purpose of enabling individuals to participate in training and are one of the other supportive services authorized by WIA. Refer to WIA Section 134(e)(3)

7. Other: Enter the amount of expenditures for any program costs not related to participant wages, participant fringe benefits, core and intensive services, training, supportive services, or needs-related payments, incurred from the beginning of the contract term through the end of the report period.

**ADULT AND DISLOCATED WORKER (ADW) REPORTING FORM (RF)  
COMPLETION INSTRUCTIONS**

8. Total NEG Program Expenditures: Enter the sum of all NEG program expenditures, including Participant Wages, Participant Fringe Benefits, Core and Intensive Services, NEG – Funded Training, NEG – Funded Supportive Services, Needs Related Payments (NRP) and Other.
9. Program Management and Oversight: Line seven (9). Enter the total amount of Program Management and Oversight from the beginning of the contract term through the end of the report period. This line is the sum of expenditure information in lines 9a and 9b below.
  - a. Line 9a. This line captures the amount of administrative expenditures, excluding any processing costs expended for any needs-related payments, funded from the beginning of the contract term through the end of the report period.
  - b. Line 9b. This line captures the amount of expenditures for any non-administrative costs related to the management and oversight of the program funded from the beginning of the contract term through the end of the report period.
10. Total NEG Administrative Expenditures: Enter the sum of all NEG administrative expenditures, including the sum of the figures reported on line 9a and 9b.
11. Total NEG Expenditures (Program and Administrative): Enter the sum of Total NEG Program Expenditures (line 8) and Total NEG Administrative Expenditures (line 10).

**Section IX – Comments**

Enter any comments related to the information reported.

**Section X - Certification**

1. Name: Enter the name of the Director or his/her authorized representative.
2. Signature: The Director or his/her authorized representative must sign under this line.
3. Date: Enter the date that the report was signed.
4. Phone Number: Enter the direct contact number of the representative that the report was signed by.
5. E-mail: Enter the e-mail address of the representative that the report was signed by.

<b>I. Contractor Information</b>		
1. Agency		
2. Contract Number		
3. Contract Term (FY)		
4. Program		
5. Contract Amount		
6. Report Period		
7. Submission Date		
8. Corresponding Request Number(s)		
9. Closeout Report (Y/N)		
<b>II. Administrative Expenditures (RSA/MOU)</b>		
1. Administrative Cash Expenditures		
2. Administrative Accrued Expenditures		
3. <b>TOTAL ADMINISTRATIVE EXPENDITURES</b>		
<b>III. Cumulative Expenditures (Program)</b>	<b>CSS USE</b>	
1. Program (Required) Cash Expenditures	WF23	
2. Program (Required) Accrued Expenditures		
3. Program (Allowable) Cash Expenditures	WF22	
4. Program (Allowable) Accrued Expenditures		
5. <b>TOTAL RAPID RESPONSE PROGRAM EXPENDITURES</b>		
<b>IV. TOTAL EXPENDITURES (ADMIN + PROGRAM)</b>		
<b>V. Other Items - Admin (not included in expenditures)</b>		
1. Non-Fed Supp (Stand-in Costs)		
2. Unliquidated Obligations		
3. Program Income Earned		
4. Program Income Expended		
<b>VI. Other Items - Program (not included in expenditures)</b>		
1. Non-Fed Supp (Stand-in Costs)		
2. Unliquidated Obligations		
3. Program Income Earned		
4. Program Income Expended		

Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Please submit to CSS via email to [FMDFinancialReports@css.lacounty.gov](mailto:FMDFinancialReports@css.lacounty.gov).

**VII. Comments****VIII. Certification**

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

1. Name
2. Signature (Director or Authorized Representative)
3. Date
4. Phone Number
5. E-mail

**CSS STAFF USE ONLY**

FMD Staff Review:	Date:	FMD Supervisor Review:	Date:
Applicable Request Number(s):		Encumbrance #:	

## **RAPID RESPONSE (RR) REPORTING FORM (RF) COMPLETION INSTRUCTIONS**

Use the following line item instructions to report expenditure information for Rapid Response (Grant Codes 526, 540, and 541). Additional fields are included to capture other specific information where required by the State Employment Development Department (EDD) format. **All reported figures should represent year-to-date (YTD) expenditures, unless otherwise stated. Reporting is not necessary for any gray-filled cells; gray-filled cells can be disregarded. Any field (i.e. Administrative Cash Expenditures did not apply to the program) which is not utilized or applicable can be left blank and does not need to be reported.**

### **Section I – Contractor Information**

1. Agency Name: Enter the full name of your agency.
2. Contract Number: Enter the contract number for the program.
3. Contract Term (FY): Enter the fiscal year of the contract.
4. Program Name: Enter the program name. Service providers should distinguish between Formula and American Recovery and Reinvestment Act (ARRA) funds when identifying the program.
5. Contract Amount: Enter the total amount of the grant award.
6. Report Period: Enter the monthly report period for which the reporting form is submitted.
7. Submission Date: Enter the date on which the reporting form is submitted.
8. Corresponding Request Number(s): Enter the request numbers covered within the report period that the reporting form is submitted.
9. Closeout Report (Y/N): Leave blank unless the form is the final form being submitted to closeout a program.

### **Section II – Administrative Expenditures (RSA/MOU) – Note: this section does not cover program administrative costs; only the costs associated to the \$23,500 allocated for the development and maintenance of the RSA/MOU.**

1. Administrative Cash Expenditures: Enter the amount of administrative cash expenditures for the program in the reporting period.
2. Administrative Accrued Expenditures: Enter the amount of administrative accrued expenditures for the program in the reporting period.
3. Total Administrative Expenditures: Add the administrative cash and accrued expenditures then enter the total amount.

### **Section III – Cumulative Expenditures (Program)**

1. Program (Required) Cash Expenditures: Enter the total amount of required program cash expenditures from the beginning of the contract term through the end of the report period.

## **RAPID RESPONSE (RR) REPORTING FORM (RF) COMPLETION INSTRUCTIONS**

2. Program (Required) Accrued Expenditures: Enter the total amount of required program accrued expenditures from the beginning of the contract term through the end of the report period.
3. Program (Allowable) Cash Expenditures: Enter the total amount of allowable program cash expenditures from the beginning of the contract term through the end of the report period.
4. Program (Allowable) Accrued Expenditures: Enter the total amount of allowable program accrued expenditures from the beginning of the contract term through the end of the report period.
5. Total Rapid Response Program Expenditures: Enter the sum of the total amounts of required program cash and accrued expenditures and allowable program cash and accrued expenditures.

### **Section IV – Total Expenditures (Administrative and Program)**

Enter the sum of the total Administrative and Program Expenditures from the beginning of the contract term through the end of the report period.

### **Section V – Other Items – Admin (not included in expenditures)**

1. Non-Fed Supp (Stand-in Costs): Enter the total amount of non-Federal support (Stand-In Costs), if any.

This category covers costs for the program paid for with non-federal costs resulting from an audit. These costs must come from the same year as the costs that they are proposed to replace and they must not cause a violation of the administrative or other cost limitations. These costs must also be included in the appropriate expenditure reports if they will be used at a later time.

2. Unliquidated Obligations: Enter unliquidated obligations, if any.

This category represents the dollar amount of formal orders placed through purchase orders, contract delegation orders or contracts and subgrants awarded that are to be paid at a future date. Unliquidated obligations are the amount of obligations committed to by the subgrantee for which the goods or services have not been received within the report period and for which an outlay (cash) or an accrued expenditure has not been recorded.

3. Program Income Earned: Enter any program income earned, if applicable.
4. Program Income Expended: Enter any program income expended, if applicable.

### **Section VI – Other Items – Program (not included in expenditures)**

1. Non-Fed Supp (Stand-in Costs): Enter the total amount of non-Federal support (Stand-In), if any.

## **RAPID RESPONSE (RR) REPORTING FORM (RF) COMPLETION INSTRUCTIONS**

2. Unliquidated Obligations: Enter the total amount of unliquidated obligations for core/intensive services, training services, and any other unliquidated obligations.
3. Program Income Earned: Enter any program income earned, if applicable.
4. Program Income Expended: Enter any program income expended, if applicable.

### **Section VII – Comments**

Enter any comments related to the information reported.

### **Section VIII - Certification**

1. Name: Enter the name of the Director or his/her authorized representative.
2. Signature: The Director or his/her authorized representative must sign under this line.
3. Date: Enter the date that the report was signed.
4. Phone Number: Enter the direct contact number of the representative that the report was signed by.
5. E-mail: Enter the e-mail address of the representative that the report was signed by.

<b>I. Contractor Information</b>				
1. Agency				
2. Contract Number				
3. Contract Term (FY)				
4. Program				
5. Contract Amount				
6. Report Period				
7. Submission Date				
8. Corresponding Request Number(s)				
9. Closeout Report (Y/N)				
<b>II. Administrative Expenditures (RSA/MOU)</b>				
1. Administrative Cash Expenditures				
2. Administrative Accrued Expenditures				
<b>3. TOTAL ADMINISTRATIVE EXPENDITURES</b>				
<b>III. Cumulative Expenditures (Program)</b>		<b>Cash</b>	<b>Accrued</b>	<b>Total</b>
	<b>CSS USE</b>	<b>Expenditures</b>	<b>Expenditures</b>	<b>Expenditures</b>
1. Youth (In-School)	<b>WF06</b>			
2. Youth (Out-of-School)	<b>WF07</b>			
<b>3. TOTAL PROGRAM EXPENDITURES</b>				
3a. Youth Summer Employment Opportunities				
<b>IV. TOTAL EXPENDITURES (ADMIN + PROGRAM)</b>				
<b>V. Other Items - Admin (not included in expenditures)</b>				
1. Non-Fed Supp (Stand-in)				
2. Unliquidated Obligations				
3. Program Income Earned				
4. Program Income Expended				
<b>VI. Other Items - Program (not included in expenditures)</b>				
1. Non-Fed Supp (Stand-in)				
2. Unliquidated Obligations				
3. Program Income Earned				
4. Program Income Expended				

Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Please submit to CSS via email to [FMDFinancialReports@css.lacounty.gov](mailto:FMDFinancialReports@css.lacounty.gov).

**VII. Comments****VIII. Certification**

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

1. Name

2. Signature (Director or Authorized Representative)

3. Date

4. Phone Number

5. E-mail

**CSS STAFF USE ONLY**

FMD Staff Review:

Date:

FMD Supervisor Review:

Date:

Applicable Request Number(s):

Encumbrance #:

Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Please submit to CSS via email to [FMDFinancialReports@css.lacounty.gov](mailto:FMDFinancialReports@css.lacounty.gov).

## YOUTH (YTH) REPORTING FORM (RF) COMPLETION INSTRUCTIONS

Use the following line item instructions to report expenditure information for the Youth Program. Additional fields are included to capture other specific information where required by the State Employment Development Department (EDD) format. **All reported figures should represent year-to-date (YTD) expenditures, unless otherwise stated. Reporting is not necessary for any gray-filled cells; gray-filled cells can be disregarded. Any field (i.e. Administrative Cash Expenditures did not apply to the program) which is not utilized or applicable can be left blank and does not need to be reported.**

### **Section I – Contractor Information**

1. Agency Name: Enter the full name of your agency.
2. Contract Number: Enter the contract number for the program.
3. Contract Term (FY): Enter the fiscal year of the contract.
4. Program Name: Enter the program name. Service providers should distinguish between Formula and American Recovery and Reinvestment Act (ARRA) funds when identifying the program.
5. Contract Amount: Enter the total amount of the grant award.
6. Report Period: Enter the monthly report period for which the reporting form is submitted.
7. Submission Date: Enter the date on which the reporting form is submitted.
8. Corresponding Request Number(s): Enter the request numbers covered within the report period that the reporting form is submitted.
9. Closeout Report (Y/N): Leave blank unless the form is the final form being submitted to closeout a program.

### **Section II – Administrative Expenditures (RSA/MOU) – Note: this section does not cover program administrative costs; only the costs associated to the \$23,500 allocated for the development and maintenance of the RSA/MOU.**

1. Administrative Cash Expenditures: Enter the amount of administrative cash expenditures for the program in the reporting period.
2. Administrative Accrued Expenditures: Enter the amount of administrative accrued expenditures for the program in the reporting period.
3. Total Administrative Expenditures: Add the administrative cash and accrued expenditures then enter the total amount.

### **Section III – Cumulative Expenditures (Program)**

1. Youth (In-School): Enter the total expenditures that were provided for in-school youth activities.

## **YOUTH (YTH) REPORTING FORM (RF) COMPLETION INSTRUCTIONS**

2. Youth (Out-of-School): Enter the total expenditures that were provided for out-of-school youth activities.
3. Total Program Expenditures: Enter the sum of the total amount of expenditures from both In-School and Out-of-School Youth.
  - a. Youth Summer Employment Opportunities: Line (3a) captures the total amount of Summer Employment Opportunities contained within the In School and Out of School total expenditures reported in line 3.

### **Section IV – Total Expenditures (Administrative and Program)**

Enter the sum of the total Administrative and Program Expenditures from the beginning of the contract term through the end of the report period.

### **Section V – Other Items – Admin (not included in expenditures)**

1. Non-Fed Supp (Stand-in Costs): Enter the total amount of non-Federal support (Stand-In Costs), if any.

This category covers costs for the program paid for with non-federal costs resulting from an audit. These costs must come from the same year as the costs that they are proposed to replace and they must not cause a violation of the administrative or other cost limitations. These costs must also be included in the appropriate expenditure reports if they will be used at a later time.

2. Unliquidated Obligations: Enter unliquidated obligations, if any.

This category represents the dollar amount of formal orders placed through purchase orders, contract delegation orders or contracts and subgrants awarded that are to be paid at a future date. Unliquidated obligations are the amount of obligations committed to by the subgrantee for which the goods or services have not been received within the report period and for which an outlay (cash) or an accrued expenditure has not been recorded.

3. Program Income Earned: Enter any program income earned, if applicable.
4. Program Income Expended: Enter any program income expended, if applicable.

### **Section VI – Other Items – Program (not included in expenditures)**

1. Non-Fed Supp (Stand-in Costs): Enter the total amount of non-Federal support (Stand-In), if any.
2. Unliquidated Obligations: Enter the total amount of unliquidated obligations for core/intensive services, training services, and any other unliquidated obligations.
3. Program Income Earned: Enter any program income earned, if applicable.
4. Program Income Expended: Enter any program income expended, if applicable.

## **YOUTH (YTH) REPORTING FORM (RF) COMPLETION INSTRUCTIONS**

### **Section VII – Comments**

Enter any comments related to the information reported.

### **Section VIII - Certification**

1. Name: Enter the name of the Director or his/her authorized representative.
2. Signature: The Director or his/her authorized representative must sign under this line.
3. Date: Enter the date that the report was signed.
4. Phone Number: Enter the direct contact number of the representative that the report was signed by.
5. E-mail: Enter the e-mail address of the representative that the report was signed by.

<b>I. Contractor Information</b>			
1. Agency			
2. Contract Number			
3. Contract Term (FY)			
4. Program			
5. Contract Amount			
6. Report Period			
7. Submission Date			
8. Corresponding Request Number(s)			
9. Closeout Report (Y/N)			
<b>II. Personnel Costs</b>			
	Budget Allocation	Current Month	YTD Expenditure
1. Staff Salaries and Wages			
2. Staff Fringe Benefits			
<b>3. Total Personnel Costs</b>			
<b>III. Non-Personnel Costs</b>			
	Budget Allocation	Current Month	YTD Expenditure
1. Facility (Rent)			
2. Utilities(Telephone, Gas, Water Electricity)			
3. Janitorial Services			
4. Maintenance & Repairs			
5. Monitoring			
6. Computer Hardware/Software Purchase			
7. Office Equipment			
8. Training Materials			
9. Consumable Supplies			
10. Advertisement			
11. Print/Reproduction			
12. Professional Services			
13. Consultant			
14. Audit			
15. Travel			
16. Meeting/Conference			
17. Insurance			
18. a) Liability Automobile			
19. b) Building			
20. Staff Training Workshop/TA			
21. Other Supportive Services			
22. Participant Wages/Work Experience			
23. Participant Fringe Benefits			

Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

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	Budget Allocation	Current Month	YTD Expenditure					
24. OJT Employer Reimbursement								
25. Tuition Payments/Vouchers								
26. Vocational Exploration								
27. Limited Internships								
28. Incentive								
29. Bonus Payments								
30. Child Care								
31. Transportation								
32. Housing Costs								
33. Uniforms/ Work Related Tool Costs								
34. Other Supp. Services (Specify)								
35. Other (Specify)								
36. Other (Specify)								
37. Other (Specify)								
38. Other (Specify)								
39. RSA/MOUs (Administrative Expenditure)								
<b>40. Total Non-Personnel Costs</b>								
	<b>Budget Allocation</b>	<b>Current Month</b>	<b>YTD</b>					
<b>IV. TOTAL EXPENDITURES (Personnel + Non-Personnel)</b>								
<b>V. Comments (including explanations for any line-item variances)</b>								
<p><b>VI. Certification</b></p> <p>I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.</p> <table border="1"> <tr> <td>1. Name</td> </tr> <tr> <td>2. Signature (Director or Authorized Representative)</td> </tr> <tr> <td>3. Date</td> </tr> <tr> <td>4. Phone Number</td> </tr> <tr> <td>5. E-mail</td> </tr> </table>				1. Name	2. Signature (Director or Authorized Representative)	3. Date	4. Phone Number	5. E-mail
1. Name								
2. Signature (Director or Authorized Representative)								
3. Date								
4. Phone Number								
5. E-mail								
<b>CSS STAFF USE ONLY</b>								
CMD Staff Review:		CMD Supervisor Review:						
Date:		Date:						

Must be printed, completed and scanned into a single, Adobe Acrobat PDF document.

Please submit to CSS via email to [WIAinvoice@css.lacounty.gov](mailto:WIAinvoice@css.lacounty.gov).

## **DETAILED EXPENDITURE REPORT (DER) COMPLETION INSTRUCTIONS**

**All reported figures should represent year-to-date (YTD) expenditures, unless otherwise stated. Reporting is not necessary for any gray-filled cells; gray-filled cells can be disregarded. Any field (i.e. the line-item Training Materials did not apply to the program) which is not utilized or applicable can be left blank and does not need to be reported.**

### **Section I – Contractor Information**

1. Agency Name: Enter the full name of your agency.
2. Contract Number: Enter the contract number for the program.
3. Contract Term (FY): Enter the fiscal year of the contract.
4. Program Name: Enter the program name. Service providers should distinguish between Formula and American Recovery and Reinvestment Act (ARRA) funds when identifying the program.
5. Contract Amount: Enter the total amount of the grant award.
6. Report Period: Enter the monthly report period for which the reporting form is submitted.
7. Submission Date: Enter the date on which the reporting form is submitted.
8. Corresponding Request Number(s): Enter the request numbers covered within the report period that the reporting form is submitted.
9. Closeout Report (Y/N): Leave blank unless the form is the final form being submitted to closeout a program.

### **Section II – Personnel Costs**

Enter the personnel costs (i.e. Staff Salaries and Wages, Staff Fringe Benefits) applicable to the program. Enter the budget allocation, current month expenditure and YTD expenditure in the corresponding column.

### **Section III – Non-Personnel Costs**

Enter the non-personnel costs (i.e. rent, utilities, janitorial services, office equipment, etc.) applicable to the program. Enter the budget allocation, current month expenditure and YTD expenditure in the corresponding column.

1. The line-items specified as Other can be utilized to report any expenditures that fall into categories that are not listed.

### **Section IV – Total Expenditures (Personnel and Non-Personnel Costs)**

Enter the sum of the total Personnel and Non-Personnel Costs for the current month and from the beginning of the contract term through the end of the report period.

## DETAILED EXPENDITURE REPORT (DER) COMPLETION INSTRUCTIONS

### **Section VII – Comments**

Enter any comments related to the information reported. Explanations for any line-item variances must also be included within this cell.

### **Section VIII - Certification**

1. Name: Enter the name of the Director or his/her authorized representative.
2. Signature: The Director or his/her authorized representative must sign under this line.
3. Date: Enter the date that the report was signed.
4. Phone Number: Enter the direct contact number of the representative that the report was signed by.
5. E-mail: Enter the e-mail address of the representative that the report was signed by.